

Change Request for Default Accounting Codes

		Form To be Con	npleted by the Business Manager:
Business Ma	nager Name:		Contact Number:
Date of Requ	est:		Effective Date:
			Pay group:
			y gp.:
		Govern	ment Unit Code Defaults
	D 11D		
*Govt Unit	Dept ID	Fund	Program
Govt Unit	Fund	Percentage	und Splits Defaults
*Use additional p	page(s) if necessa	nry.	
		Ema	il Completed Form to:
visio	n-payroll@sta	te.vt.us	
		*	***** NOTICE *****
This form shou	ld ha submitted	via Email before the	e close of each navneriod if you wish to make changes to the default

This form should be submitted via Email before the close of each payperiod if you wish to make changes to the default codes established within the Payroll system for the current payperiod.

Internal Payroll Use Only				
Date Change Posted:	Pay Date Effective:			